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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY** AND

	Application Number	09/686,773
	Filing Date	October 11, 2000
ATTORNEY WITH	First Named Inventor	Timothy L. Racette
NEW POWER OF ATTORNEY	Art Unit	1746
AND CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	Bibi Sharidan Carrillo
	Attorney Docket Number	04744.0002.NPUS07

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I hereby revoke all previous powers of attorney given in the above-identified application.							
☐ A Pov	ver of Attorney	is submitted he	erewith.				
⊠ I here	eby appoint the	practitioners a	associated with	n the Customer Nu	mber:		22930
⊠ The	change the correct address assoner Number	ociated with	ddress for the a	bove-identified appli 22930	cation to:		
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Assiç	icant/Inventor. gnee of record o ment under 37						
		SIGNATUI	RE of Applican	it or Assignee of R	ecord		
Signature	Tund	1. Kars	d				
Name .	Timothy L. Ra	cette /					
Date	8/10	108		Telephone		416 4	
NOTE: Signatures signature is require		assignees of record of	of the entire interest o	r their representative(s) are	required. Subm	it multiple fom	ns if more than one
*Total of	3 forms are submitted	<b>d</b> .	,				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/82 (01-06)

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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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First Named Inventor	Timothy L. Racette
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I hereby revoke all previous powers of attorney given in the above-identified application.						
☐ A Powe	er of Attorney	is submitted herewith.				
☐ I hereby appoint the practitioners associated with the Customer Number: 22930						
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  22930  OR						
Firm <i>or</i>	l Name					
Address						
City			State		Zip	
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Telephone			Email			· · · · · · · · · · · · · · · · · · ·
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature	Ekre A					
Name	Gene R. Dam					
Date	August 10-2006 Telephone (273) 247-1153					
NOTE: Signatures of signature is required		assignees of record of the entire interest or their	representative(s) a	re required. Submit m	nultiple forms if r	more than one
*Total of <u>3</u>	forms are submitted	i,				

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AND	Examiner Name	Bibi Sharidan Carrillo
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	04744.0002.NPUS07

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.  OR							
☑ I hereby appoint the practitioners associated with the Customer Number:       22930							
∑ The	The address associated with Customer Number: 22930						
Firm <i>or</i>	l Name						
Address							
City				State		Zip	
Country			· · · · · · · · · · · · · · · · · · ·			1 — 'F	
Telephone				Email			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	Game	E flutte					
Name	Name James E. Schulte						
Date		8/11/06 Telephone					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of 3	*Total of <u>3</u> forms are submitted.						

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